

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10029217

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1 ¹	1					
2	1					
3	1					
4	1					
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17	1					
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47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	20					
TOTAL CLAIMS	26					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
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93						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
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34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40	1					
41		1				
42		1				
43	1					
44	1					
45		1				
46		1				
47	1					
48	1					
49		1				
50		1				
TOTAL IND.	8					
TOTAL DEP.	42					
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61	1					
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63		1				
64		1				
65		1				
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83	1					
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85	1					
86		1				
87		1				
88		1				
89		1				
90		1				
91	1					
92		1				
93	1					
94		1				
95		1				
96		1				
97		1				
98		1				
99	1					
100	1					
TOTAL IND.	11					
TOTAL DEP.	39					
TOTAL CLAIMS	50					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS